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CONFIRMATION NO. 1397

<b>SERIAL NUMBER</b> 09/379,540	<b>FILING or 371(c) DATE</b> 08/24/1999 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3767	<b>ATTORNEY DOCKET NO.</b> BIO-76		
<b>APPLICANTS</b> SHLOMO BEN HAIM, HAIFA, ISRAEL; URI YARON, ZICHRON YAAKOV, ISRAEL; AVRAHAM MATCOVITCH, NESHER, ISRAEL; <b>** CONTINUING DATA *****</b> This application is a CIP of 09/019,453 02/05/1998 PAT 6,309,370 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 09/08/1999						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/PHILLIP A GRAY/</u> Examiner's Signature		<input checked="" type="checkbox"/> Met after Allowance PG Initials	<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWINGS</b> 10	<b>TOTAL CLAIMS</b> 40	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> AUDLEY A CIAMPORCERO JR ONE JOHNSON & JOHNSON PLAZA NEW BRUNSWICK, NJ 089337003						
<b>TITLE</b> INTRACARDIA -C CELL DELIVERY AND CELL TRANSPLANTATION						
<b>FILING FEE RECEIVED</b> 1250	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			